

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

September 8, 2003

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM:  JOHN A. LIVERATTI, CHIEF, COMPLIANCE

SUBJECT: MEDICAID MANUAL SERVICES CHANGES

These changes should be effective September 1, 2003 to coincide with the billing process change to the Medicaid Management Information System.

MATERIAL TRANSMITTED

MTL 24/03

Chapter 2100

Home and Community Based Waiver
For Persons With Mental Retardation
And Related Conditions

MATERIAL SUPERCEDED

MTL 03/96

Chapter 2100

Home and Community Based Waiver
For Persons With Mental Retardation
And Related Conditions

BACKGROUND AND EXPLANATIONS

Changes are being made to the chapter to:

- Transition the chapter to the current Medicaid Service Manual Format.
- Standardized definitions amongst Medicaid Service Manual Chapters;
- Delineate process changes necessary with the conversion to the Medicaid Management Information System;
- Clarify program and service edits already in existence;
- Eliminate the environmental accessibility adaptations, specialized medical equipment and supplies and dental services under the waiver. These services are ancillary to the primary habilitation and family support provided under this waiver. These services have had low utilization, been time consuming and moved funding from the waiver's primary focus. Eliminate the Residential Habilitation Level A and B as these services formatted as group care. Recipients of these services have been transitioned to the supported living service under a supported living arrangement (SLA). This service is provided under an individual contract, recognizing each individuals unique needs/goals.
- Transitioned the in home habilitation service to a comprehensive family support arrangement service. This has expanded the support provided to the family to enable an individual to remain at home with the family.
- Transition the respite service from a stand alone service into the family support arrangement service. This allows for a comprehensive support to be developed for those needing respite services.

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- Delineate process and code changes necessary for program compliance with the Health Insurance Portability and Accountability Act.
- Addition of Notice of Pending Decision system to ensure compliance with timely eligibility decisions.
- Establishment of reasons for service reduction to allow for providing notice and hearing rights.
- Elimination of some of the intake/ongoing requirements that were based on ICF care and were not present in any of the other waiver chapters (examples are the requirement of admission physical, and regular weighing of recipients). These requirements, if needed to assure the health, safety and welfare of a recipient will be identified in the Individual Support Plan.